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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 24pt; font-weight: bold;">2017</div><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                                  |                                                                                                                                                                                                                                                                                                                                           |
|------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                                    | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                           |
| For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>         |                                                                                                                                                                                                                                                                                                                                           |
| <b>A</b> This return/report is for:                                                                              | <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) ____ |
| <b>B</b> This return/report is:                                                                                  | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                     |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . . ▶ <input checked="" type="checkbox"/> |                                                                                                                                                                                                                                                                                                                                           |
| <b>D</b> Check box if filing under:                                                                              | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)                                                                                                                                    |

|                                                                                                                                                                                                                                                                                                                                                                            |                                                                |                     |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|---------------------|--|
| <b>Part II</b>                                                                                                                                                                                                                                                                                                                                                             | <b>Basic Plan Information</b> —enter all requested information |                     |  |
| <b>1a</b> Name of plan<br><u>SPIRIT AEROSYSTEMS HOLDINGS, INC. PENSION VALUE PLAN</u>                                                                                                                                                                                                                                                                                      | <b>1b</b> Three-digit plan number (PN) ▶                       | <u>002</u>          |  |
|                                                                                                                                                                                                                                                                                                                                                                            | <b>1c</b> Effective date of plan                               | <u>06/17/2005</u>   |  |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>SPIRIT AEROSYSTEMS HOLDINGS, INC.</u><br><br><u>3801 SOUTH OLIVER</u><br><u>WICHITA, KS 67210-2112</u> | <b>2b</b> Employer Identification Number (EIN)                 | <u>20-2436320</u>   |  |
|                                                                                                                                                                                                                                                                                                                                                                            | <b>2c</b> Plan Sponsor's telephone number                      | <u>316-526-9000</u> |  |
|                                                                                                                                                                                                                                                                                                                                                                            | <b>2d</b> Business code (see instructions)                     | <u>336410</u>       |  |
|                                                                                                                                                                                                                                                                                                                                                                            |                                                                |                     |  |

**Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.**

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/15/2018 | JASON P. HOHL                                                |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2017)  
v. 170203

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor<br><br>SPIRIT AEROSYSTEMS HOLDINGS, INC.<br><br>3801 SOUTH OLIVER<br>WICHITA, KS 67210-2112                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>3b</b> Administrator's EIN<br>20-2436320<br><br><b>3c</b> Administrator's telephone number<br>316-526-9000                                            |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                        |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>5</b> 6137                                                                                                                                            |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><br><b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <b>6a(1)</b> 4035<br><b>6a(2)</b> 3679<br><b>6b</b> 1760<br><b>6c</b> 394<br><b>6d</b> 5833<br><b>6e</b> 162<br><b>6f</b> 5995<br><b>6g</b><br><b>6h</b> |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>7</b>                                                                                                                                                 |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>1A 1B 1C 1I<br><br><b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                          |

|                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

**a Pension Schedules**

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

**b General Schedules**

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ 0 **A** (Insurance Information)
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

**11a** If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

**11b** Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

**11c** Enter the Receipt Confirmation Code for the 2017 Form M-1 annual report. If the plan was not required to file the 2017 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

|                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                              |                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB<br/>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan<br/>Actuarial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2017</b><br><br><b>This Form is Open to Public Inspection</b> |
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

▶ **Round off amounts to nearest dollar.**  
▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

|                                                                                                                      |                                                                    |
|----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>SPIRIT AEROSYSTEMS HOLDINGS, INC. PENSION VALUE PLAN</u>                                 | <b>B</b> Three-digit plan number (PN) ▶ <u>002</u>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>SPIRIT AEROSYSTEMS HOLDINGS, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>20-2436320</u> |

**E** Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B **F** Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

**Part I Basic Information**

|                                                                                                                                                                                                                 |                            |                           |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| <b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2017</u>                                                                                                                               |                            |                           |                          |
| <b>2</b> Assets:                                                                                                                                                                                                |                            |                           |                          |
| <b>a</b> Market value .....                                                                                                                                                                                     | <b>2a</b>                  | <u>1302859177</u>         |                          |
| <b>b</b> Actuarial value .....                                                                                                                                                                                  | <b>2b</b>                  | <u>1307488743</u>         |                          |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                             | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
| <b>a</b> For retired participants and beneficiaries receiving payment .....                                                                                                                                     | <u>1702</u>                | <u>310772959</u>          | <u>310772959</u>         |
| <b>b</b> For terminated vested participants .....                                                                                                                                                               | <u>439</u>                 | <u>26757018</u>           | <u>26757018</u>          |
| <b>c</b> For active participants .....                                                                                                                                                                          | <u>4035</u>                | <u>456923501</u>          | <u>477337808</u>         |
| <b>d</b> Total .....                                                                                                                                                                                            | <u>6176</u>                | <u>794453478</u>          | <u>814867785</u>         |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                           |                            |                           |                          |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                       | <b>4a</b>                  |                           |                          |
| <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor ..... | <b>4b</b>                  |                           |                          |
| <b>5</b> Effective interest rate .....                                                                                                                                                                          | <b>5</b>                   | <u>5.96 %</u>             |                          |
| <b>6</b> Target normal cost .....                                                                                                                                                                               | <b>6</b>                   | <u>2799235</u>            |                          |

**Statement by Enrolled Actuary**  
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

|                                                                                    |                                                               |  |
|------------------------------------------------------------------------------------|---------------------------------------------------------------|--|
| <b>SIGN HERE</b>                                                                   |                                                               |  |
| Signature of actuary<br><u>JOY C. SILVUS, ASA, EA, MAAA</u>                        | <u>09/20/2018</u><br>Date                                     |  |
| Type or print name of actuary<br><u>MERCER</u>                                     | <u>17-05205</u><br>Most recent enrollment number              |  |
| Firm name<br><u>2405 GRAND BOULEVARD, SUITE 900<br/>KANSAS CITY, MO 64108-2519</u> | <u>816-556-4816</u><br>Telephone number (including area code) |  |
| Address of the firm                                                                |                                                               |  |

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

**Part II Beginning of Year Carryover and Prefunding Balances**

|                                                                                                                                                                      | (a) Carryover balance | (b) Prefunding balance |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                             | 172361696             | 0                      |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                          |                       |                        |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                                | 172361696             | 0                      |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>9.60</u> % .....                                                                                 | 16546723              | 0                      |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                       |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                      |                       | 0                      |
| <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.17</u> % ..... |                       | 0                      |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                       |                        |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                        |                       | 0                      |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                      |                       |                        |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                    |                       |                        |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                         | 188908419             | 0                      |

**Part III Funding Percentages**

|                                                                                                                                                                            |           |         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 137.27% |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 160.45% |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 163.14% |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. ....                                        | <b>17</b> | %       |

**Part IV Contributions and Liquidity Shortfalls****18** Contributions made to the plan for the plan year by employer(s) and employees:

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>          |                                   |                                 | <b>18(b)</b>             | 0                                 | <b>18(c)</b> 0                  |

**19** Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

|                                                                                                                         |            |   |
|-------------------------------------------------------------------------------------------------------------------------|------------|---|
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years. ....                    | <b>19a</b> | 0 |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                      | <b>19b</b> | 0 |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date ..... | <b>19c</b> | 0 |

**20** Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ..... ☐ Yes ☒ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ..... ☐ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

| Liquidity shortfall as of end of quarter of this plan year |         |         |         |
|------------------------------------------------------------|---------|---------|---------|
| (1) 1st                                                    | (2) 2nd | (3) 3rd | (4) 4th |
|                                                            |         |         |         |

**Part V Assumptions Used to Determine Funding Target and Target Normal Cost**

|                                                                                                                                                                                              |                        |                        |                        |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                        |                        |                        |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>4.16 % | 2nd segment:<br>5.72 % | 3rd segment:<br>6.48 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....                                                                                                                                                 |                        |                        |                        | <b>21b</b> 0                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                        |                        |                        | <b>22</b> 63                                        |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                        |                                                     |

**Part VI Miscellaneous Items**

|                                                                                                                                                                        |                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment ..... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment .....                                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment .....                            | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment .....                                   | <b>27</b>                                                           |

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

|                                                                                                                                      |           |   |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>28</b> Unpaid minimum required contributions for all prior years .....                                                            | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) ..... | <b>29</b> | 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....                                    | <b>30</b> | 0 |

**Part VIII Minimum Required Contribution For Current Year**

|                                                                                                                                                                                      |                     |                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |
| <b>a</b> Target normal cost (line 6) .....                                                                                                                                           | <b>31a</b>          | 2799235            |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          | 2799235            |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 0                   | 0                  |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount ..... | <b>33</b>           |                    |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) .....                                                         | <b>34</b>           | 0                  |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance |
| <b>35</b> Balances elected for use to offset funding requirement .....                                                                                                               |                     | 0                  |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                  | <b>36</b>           | 0                  |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  | <b>37</b>           | 0                  |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       | <b>38a</b>          | 0                  |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          |                    |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>           | 0                  |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  | <b>40</b>           | 0                  |

**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)**

|                                                                                                |                                                                                                                         |  |
|------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|--|
| <b>41</b> If an election was made to use PRA 2010 funding relief for this plan:                |                                                                                                                         |  |
| <b>a</b> Schedule elected .....                                                                | <input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years                                               |  |
| <b>b</b> Eligible plan year(s) for which the election in line 41a was made .....               | <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 |  |
| <b>42</b> Amount of acceleration adjustment .....                                              | <b>42</b>                                                                                                               |  |
| <b>43</b> Excess installment acceleration amount to be carried over to future plan years ..... | <b>43</b>                                                                                                               |  |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>2017</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |

|                                                                                                    |                                                             |     |
|----------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017         |                                                             |     |
| <b>A</b> Name of plan<br>SPIRIT AEROSYSTEMS HOLDINGS, INC. PENSION VALUE PLAN                      | <b>B</b> Three-digit plan number (PN) ▶                     | 002 |
|                                                                                                    |                                                             |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>SPIRIT AEROSYSTEMS HOLDINGS, INC. | <b>D</b> Employer Identification Number (EIN)<br>20-2436320 |     |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

|                                                                                                            |
|------------------------------------------------------------------------------------------------------------|
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|                                                                                                            |
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|                                                                                                            |
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|                                                                                                            |
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|                                                                                                            |

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

**(a)** Enter name and EIN or address (see instructions)

THE BANK OF NEW YORK MELLON

25-6078093

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 21 27                  | NONE                                                                                              | 1215769                                                                | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**(a)** Enter name and EIN or address (see instructions)

MERCER

13-2834414

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 14                     | NONE                                                                                              | 371867                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**(a)** Enter name and EIN or address (see instructions)

MERCER

13-2834414

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 11                     | NONE                                                                                              | 274771                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

**(a)** Enter name and EIN or address (see instructions)

ALLEN, GIBBS, & HOULIK, LC

48-1032601

| <b>(b)</b><br>Service<br>Code(s) | <b>(c)</b><br>Relationship to<br>employer, employee<br>organization, or<br>person known to be<br>a party-in-interest | <b>(d)</b><br>Enter direct<br>compensation paid<br>by the plan. If none,<br>enter -0-. | <b>(e)</b><br>Did service provider<br>receive indirect<br>compensation? (sources<br>other than plan or plan<br>sponsor) | <b>(f)</b><br>Did indirect compensation<br>include eligible indirect<br>compensation, for which the<br>plan received the required<br>disclosures? | <b>(g)</b><br>Enter total indirect<br>compensation received by<br>service provider excluding<br>eligible indirect<br>compensation for which you<br>answered "Yes" to element<br>(f). If none, enter -0-. | <b>(h)</b><br>Did the service<br>provider give you a<br>formula instead of<br>an amount or<br>estimated amount? |
|----------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| 10                               | NONE                                                                                                                 | 23631                                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                     | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                          |                                                                                                                                                                                                          | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                        |

**(a)** Enter name and EIN or address (see instructions)

| <b>(b)</b><br>Service<br>Code(s) | <b>(c)</b><br>Relationship to<br>employer, employee<br>organization, or<br>person known to be<br>a party-in-interest | <b>(d)</b><br>Enter direct<br>compensation paid<br>by the plan. If none,<br>enter -0-. | <b>(e)</b><br>Did service provider<br>receive indirect<br>compensation? (sources<br>other than plan or plan<br>sponsor) | <b>(f)</b><br>Did indirect compensation<br>include eligible indirect<br>compensation, for which the<br>plan received the required<br>disclosures? | <b>(g)</b><br>Enter total indirect<br>compensation received by<br>service provider excluding<br>eligible indirect<br>compensation for which you<br>answered "Yes" to element<br>(f). If none, enter -0-. | <b>(h)</b><br>Did the service<br>provider give you a<br>formula instead of<br>an amount or<br>estimated amount? |
|----------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
|                                  |                                                                                                                      |                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                          |                                                                                                                                                                                                          | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                        |

**(a)** Enter name and EIN or address (see instructions)

| <b>(b)</b><br>Service<br>Code(s) | <b>(c)</b><br>Relationship to<br>employer, employee<br>organization, or<br>person known to be<br>a party-in-interest | <b>(d)</b><br>Enter direct<br>compensation paid<br>by the plan. If none,<br>enter -0-. | <b>(e)</b><br>Did service provider<br>receive indirect<br>compensation? (sources<br>other than plan or plan<br>sponsor) | <b>(f)</b><br>Did indirect compensation<br>include eligible indirect<br>compensation, for which the<br>plan received the required<br>disclosures? | <b>(g)</b><br>Enter total indirect<br>compensation received by<br>service provider excluding<br>eligible indirect<br>compensation for which you<br>answered "Yes" to element<br>(f). If none, enter -0-. | <b>(h)</b><br>Did the service<br>provider give you a<br>formula instead of<br>an amount or<br>estimated amount? |
|----------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
|                                  |                                                                                                                      |                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                          |                                                                                                                                                                                                          | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                        |

**Part I Service Provider Information (continued)**

**3.** If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
|                                                                     |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                     |                                                                                                                                                                    |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|                                                                     |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                     |                                                                                                                                                                    |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|                                                                     |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                     |                                                                                                                                                                    |                                           |

**Part II Service Providers Who Fail or Refuse to Provide Information**

**4** Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|--------------------------------------------------------------------------|-------------------------------|-------------------------------------------------------------------------------------|
|                                                                          |                               |                                                                                     |
| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|                                                                          |                               |                                                                                     |
| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|                                                                          |                               |                                                                                     |
| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|                                                                          |                               |                                                                                     |
| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|                                                                          |                               |                                                                                     |
| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|                                                                          |                               |                                                                                     |

**Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)**  
(complete as many entries as needed)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                           |                                                                                                                                                                                                                              |                                                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2017</b><br><br><b>This Form is Open to Public Inspection.</b> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

|                                                                                                                  |                                                                    |            |
|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><u>SPIRIT AEROSYSTEMS HOLDINGS, INC. PENSION VALUE PLAN</u>                             | <b>B</b> Three-digit plan number (PN) <b>►</b>                     | <u>002</u> |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>SPIRIT AEROSYSTEMS HOLDINGS, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>20-2436320</u> |            |

|               |                                                                                                                                                                                  |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b><br>(Complete as many entries as needed to report all interests in DFEs) |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                           |                               |                                                                                                                      |  |
|-------------------------------------------------------------------------------------------|-------------------------------|----------------------------------------------------------------------------------------------------------------------|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>EB DAILY VALUED INTERNATIONAL SIF</u>   |                               |                                                                                                                      |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>BANK OF NEW YORK MELLON</u>          |                               |                                                                                                                      |  |
| <b>c</b> EIN-PN <u>25-6078093-055</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>49560086</u>  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>EB DAILY VALUE LGE CAP VALUE SIF</u>    |                               |                                                                                                                      |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>BANK OF NEW YORK MELLON</u>          |                               |                                                                                                                      |  |
| <b>c</b> EIN-PN <u>25-6078093-039</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>35479654</u>  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>COLLECTIVE TRUST HIGH YIELD FUND</u>    |                               |                                                                                                                      |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>BANK OF NEW YORK MELLON</u>          |                               |                                                                                                                      |  |
| <b>c</b> EIN-PN <u>25-6078093-026</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>70841520</u>  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>EB DAILY VALUED LRGE CAP GROWTH SIF</u> |                               |                                                                                                                      |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>BANK OF NEW YORK MELLON</u>          |                               |                                                                                                                      |  |
| <b>c</b> EIN-PN <u>25-6078093-005</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>35858934</u>  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>EB LONG TERM CREDIT BOND INDEX FUND</u> |                               |                                                                                                                      |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>BANK OF NEW YORK MELLON</u>          |                               |                                                                                                                      |  |
| <b>c</b> EIN-PN <u>25-6078093-062</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>563110745</u> |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>EB DAILY VALUED SMALL CAP SIF</u>       |                               |                                                                                                                      |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>BANK OF NEW YORK MELLON</u>          |                               |                                                                                                                      |  |
| <b>c</b> EIN-PN <u>25-6078093-070</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>35105357</u>  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>EB DAILY VALUED STOCK INDEX FUND</u>    |                               |                                                                                                                      |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>BANK OF NEW YORK MELLON</u>          |                               |                                                                                                                      |  |
| <b>c</b> EIN-PN <u>25-6078093-101</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>240305375</u> |  |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **EB HIGH QUALITY LONG CORPORATE BOND**

**b** Name of sponsor of entity listed in (a): **BANK OF NEW YORK MELLON**

|                                       |                               |                                                                                                                      |
|---------------------------------------|-------------------------------|----------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <b>25-6078093-218</b> | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>139954599</b> |
|---------------------------------------|-------------------------------|----------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **EB U.S. REAL ESTATE SECURITIES FUND**

**b** Name of sponsor of entity listed in (a): **BANK OF NEW YORK MELLON**

|                                       |                               |                                                                                                                     |
|---------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <b>25-6078093-230</b> | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>27495498</b> |
|---------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **EB TEMPORARY INVESTMENT FUND**

**b** Name of sponsor of entity listed in (a): **BANK OF NEW YORK MELLON**

|                                       |                               |                                                                                                                    |
|---------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <b>25-6078093-023</b> | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>3296392</b> |
|---------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **EB DAILY VALUED LONG BOND INDEX FUN**

**b** Name of sponsor of entity listed in (a): **BANK OF NEW YORK MELLON**

|                                       |                               |                                                                                                                      |
|---------------------------------------|-------------------------------|----------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <b>25-6078093-006</b> | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>209259210</b> |
|---------------------------------------|-------------------------------|----------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

**Part II Information on Participating Plans (to be completed by DFEs)**

(Complete as many entries as needed to report all participating plans)

**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2017</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                           |
| <b>A</b> Name of plan<br><u>SPIRIT AEROSYSTEMS HOLDINGS, INC. PENSION VALUE PLAN</u>                                                                                                                                                                                     | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span>                                                                                                                                                                                                   | <u>002</u>                                                                                |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>SPIRIT AEROSYSTEMS HOLDINGS, INC.</u>                                                                                                                                                                | <b>D</b> Employer Identification Number (EIN)<br><u>20-2436320</u>                                                                                                                                                                                                           |                                                                                           |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement                                                              |                 | (a) Beginning of Year | (b) End of Year |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>1</b> Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. <b>Round off amounts to the nearest dollar.</b> MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions. |                                                                                            |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Assets</b>                                                                              |                 |                       |                 |
| <b>a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Total noninterest-bearing cash .....                                                       | <b>1a</b>       |                       |                 |
| <b>b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Receivables (less allowance for doubtful accounts):                                        |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (1) Employer contributions .....                                                           | <b>1b(1)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (2) Participant contributions .....                                                        | <b>1b(2)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (3) Other.....                                                                             | <b>1b(3)</b>    | 1801                  | 2607            |
| <b>c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | General investments:                                                                       |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (1) Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (2) U.S. Government securities.....                                                        | <b>1c(2)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (3) Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (A) Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (B) All other.....                                                                         | <b>1c(3)(B)</b> |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (4) Corporate stocks (other than employer securities):                                     |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (A) Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (B) Common .....                                                                           | <b>1c(4)(B)</b> |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (5) Partnership/joint venture interests .....                                              | <b>1c(5)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (6) Real estate (other than employer real property) .....                                  | <b>1c(6)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (7) Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (8) Participant loans .....                                                                | <b>1c(8)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (9) Value of interest in common/collective trusts.....                                     | <b>1c(9)</b>    | 1302857376            | 1410267370      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (10) Value of interest in pooled separate accounts.....                                    | <b>1c(10)</b>   |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (11) Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (12) Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>   |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (13) Value of interest in registered investment companies (e.g., mutual funds).....        | <b>1c(13)</b>   |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (14) Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (15) Other .....                                                                           | <b>1c(15)</b>   |                       |                 |

|                    |                                                                  | (a) Beginning of Year | (b) End of Year       |
|--------------------|------------------------------------------------------------------|-----------------------|-----------------------|
| <b>1d</b>          | Employer-related investments:                                    |                       |                       |
| (1)                | Employer securities .....                                        | <b>1d(1)</b>          |                       |
| (2)                | Employer real property .....                                     | <b>1d(2)</b>          |                       |
| <b>e</b>           | Buildings and other property used in plan operation .....        | <b>1e</b>             |                       |
| <b>f</b>           | Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>             | 1302859177 1410269977 |
| <b>Liabilities</b> |                                                                  |                       |                       |
| <b>g</b>           | Benefit claims payable .....                                     | <b>1g</b>             |                       |
| <b>h</b>           | Operating payables .....                                         | <b>1h</b>             | 209763 212081         |
| <b>i</b>           | Acquisition indebtedness .....                                   | <b>1i</b>             |                       |
| <b>j</b>           | Other liabilities .....                                          | <b>1j</b>             |                       |
| <b>k</b>           | Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>             | 209763 212081         |
| <b>Net Assets</b>  |                                                                  |                       |                       |
| <b>l</b>           | Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>             | 1302649414 1410057896 |

**Part II Income and Expense Statement**

**2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

|               |                                                                                                        | (a) Amount      | (b) Total |
|---------------|--------------------------------------------------------------------------------------------------------|-----------------|-----------|
| <b>Income</b> |                                                                                                        |                 |           |
| <b>a</b>      | <b>Contributions:</b>                                                                                  |                 |           |
| (1)           | Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> |           |
|               | <b>(B)</b> Participants .....                                                                          | <b>2a(1)(B)</b> |           |
|               | <b>(C)</b> Others (including rollovers) .....                                                          | <b>2a(1)(C)</b> |           |
| (2)           | Noncash contributions .....                                                                            | <b>2a(2)</b>    |           |
| (3)           | Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    | 0         |
| <b>b</b>      | <b>Earnings on investments:</b>                                                                        |                 |           |
| (1)           | Interest:                                                                                              |                 |           |
|               | <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....   | <b>2b(1)(A)</b> |           |
|               | <b>(B)</b> U.S. Government securities .....                                                            | <b>2b(1)(B)</b> |           |
|               | <b>(C)</b> Corporate debt instruments .....                                                            | <b>2b(1)(C)</b> |           |
|               | <b>(D)</b> Loans (other than to participants) .....                                                    | <b>2b(1)(D)</b> |           |
|               | <b>(E)</b> Participant loans .....                                                                     | <b>2b(1)(E)</b> |           |
|               | <b>(F)</b> Other .....                                                                                 | <b>2b(1)(F)</b> |           |
|               | <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                          | <b>2b(1)(G)</b> | 14302     |
| (2)           | Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |           |
|               | <b>(B)</b> Common stock .....                                                                          | <b>2b(2)(B)</b> |           |
|               | <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                              | <b>2b(2)(C)</b> |           |
|               | <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....              | <b>2b(2)(D)</b> |           |
| (3)           | Rents .....                                                                                            | <b>2b(3)</b>    | 0         |
| (4)           | Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |           |
|               | <b>(B)</b> Aggregate carrying amount (see instructions) .....                                          | <b>2b(4)(B)</b> |           |
|               | <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....              | <b>2b(4)(C)</b> |           |
| (5)           | Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |           |
|               | <b>(B)</b> Other .....                                                                                 | <b>2b(5)(B)</b> |           |
|               | <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....     | <b>2b(5)(C)</b> |           |

|                                                                                                |        | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                             | 2b(6)  |            | 176826309 |
| (7) Net investment gain (loss) from pooled separate accounts .....                             | 2b(7)  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                     | 2b(8)  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                           | 2b(9)  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)..... | 2b(10) |            |           |
| c Other income .....                                                                           | 2c     |            | 11517     |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 176852128 |

**Expenses**

|                                                                                     |       |          |          |
|-------------------------------------------------------------------------------------|-------|----------|----------|
| e Benefit payment and payments to provide benefits:                                 |       |          |          |
| (1) Directly to participants or beneficiaries, including direct rollovers.....      | 2e(1) | 67134155 |          |
| (2) To insurance carriers for the provision of benefits .....                       | 2e(2) |          |          |
| (3) Other .....                                                                     | 2e(3) |          |          |
| (4) Total benefit payments. Add lines 2e(1) through (3).....                        | 2e(4) |          | 67134155 |
| f Corrective distributions (see instructions) .....                                 | 2f    |          |          |
| g Certain deemed distributions of participant loans (see instructions).....         | 2g    |          |          |
| h Interest expense.....                                                             | 2h    |          |          |
| i Administrative expenses: (1) Professional fees .....                              | 2i(1) | 23631    |          |
| (2) Contract administrator fees .....                                               | 2i(2) |          |          |
| (3) Investment advisory and management fees .....                                   | 2i(3) |          |          |
| (4) Other .....                                                                     | 2i(4) | 2285860  |          |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                 | 2i(5) |          | 2309491  |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | 2j    |          | 69443646 |

**Net Income and Reconciliation**

|                                                          |       |  |           |
|----------------------------------------------------------|-------|--|-----------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 107408482 |
| l Transfers of assets:                                   |       |  |           |
| (1) To this plan.....                                    | 2l(1) |  |           |
| (2) From this plan .....                                 | 2l(2) |  |           |

**Part III Accountant's Opinion**

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

**b** Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

**c** Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: ALLEN, GIBBS, & HOULIK, LC

(2) EIN: 48-1032601

**d** The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

**Part IV Compliance Questions**

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

**a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

**b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) .....

|    | Yes | No | Amount |
|----|-----|----|--------|
| 4a |     | X  |        |
| 4b |     | X  |        |

|                                                                                                                                                                                                                              | Yes | No | Amount   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|----------|
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                         |     | X  |          |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....                               |     | X  |          |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                     | X   |    | 15000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                      |     | X  |          |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                   |     | X  |          |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....                                          |     | X  |          |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....                                                                | X   |    |          |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)..... | X   |    |          |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                          |     | X  |          |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                           |     | X  |          |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                 |     | X  |          |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                     |     |    |          |

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ Yes ☒ No  
If "Yes," enter the amount of any plan assets that reverted to the employer this year \_\_\_\_\_.

**5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

| 5b(1) Name of plan(s) | 5b(2) EIN(s) | 5b(3) PN(s) |
|-----------------------|--------------|-------------|
|                       |              |             |
|                       |              |             |
|                       |              |             |
|                       |              |             |
|                       |              |             |

**5c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☒ Yes ☐ No ☐ Not determined  
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4093710. (See instructions.)

|                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                           | <div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2017</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>SPIRIT AEROSYSTEMS HOLDINGS, INC. PENSION VALUE PLAN                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) ▶ 002                                                            |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>SPIRIT AEROSYSTEMS HOLDINGS, INC.                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>20-2436320                                            |
| Part I                                                                                                                                                                                                                                                                    | Distributions                                                                                                                                                                                                                                                                                    |                                                                                                 |
| All references to distributions relate only to payments of benefits during the plan year.                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  | 1 0                                                                                             |
| 2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s):                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year                                                                                                                                                       |                                                                                                                                                                                                                                                                                                  | 3 111                                                                                           |
| Part II                                                                                                                                                                                                                                                                   | Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)                                                                                                                           |                                                                                                 |
| 4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A                                                                                                                                                        |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month Day Year                                                                   |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)                                                                                                                                         |                                                                                                                                                                                                                                                                                                  | 6a                                                                                              |
| b Enter the amount contributed by the employer to the plan for this plan year                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  | 6b                                                                                              |
| c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)                                                                                                                                       |                                                                                                                                                                                                                                                                                                  | 6c                                                                                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 7 Will the minimum funding amount reported on line 6c be met by the funding deadline? Yes No N/A                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Part III                                                                                                                                                                                                                                                                  | Amendments                                                                                                                                                                                                                                                                                       |                                                                                                 |
| 9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. Increase Decrease Both No                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Part IV                                                                                                                                                                                                                                                                   | ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.                                                                                                                                                       |                                                                                                 |
| 10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No                                                                                                                                         |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 11 a Does the ESOP hold any preferred stock? Yes No                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) Yes No                                                                                    |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? Yes No                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Schedule R (Form 5500) 2017 v. 170203                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                  |                                                                                                 |

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

|                                                                          |            |  |
|--------------------------------------------------------------------------|------------|--|
| <b>a</b> The current year .....                                          | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year ..... | <b>14b</b> |  |
| <b>c</b> The second preceding plan year .....                            | <b>14c</b> |  |

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

|                                                                                                       |            |  |
|-------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

|                                                                                                                                                                        |            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                               | <b>16a</b> |  |
| <b>b</b> If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers ..... | <b>16b</b> |  |

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. .... ☐

**Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans**

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ..... ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

- a** Enter the percentage of plan assets held as:

Stock: 28.1% Investment-Grade Debt: 64.9% High-Yield Debt: 5.0% Real Estate: 2.0% Other: 0.0%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☒ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☒ Modified duration ☐ Other (specify):

***SPIRIT AEROSYSTEMS HOLDINGS, INC.***  
***PENSION VALUE PLAN***

FINANCIAL STATEMENTS WITH SUPPLEMENTAL SCHEDULES

YEARS ENDED DECEMBER 31, 2017 AND 2016

WITH

INDEPENDENT AUDITOR'S REPORT



SPIRIT AEROSYSTEMS HOLDINGS, INC.  
PENSION VALUE PLAN

FINANCIAL STATEMENTS WITH SUPPLEMENTAL SCHEDULES

YEARS ENDED DECEMBER 31, 2017 AND 2016

WITH

INDEPENDENT AUDITOR'S REPORT

**SPIRIT AEROSYSTEMS HOLDINGS, INC.**  
**PENSION VALUE PLAN**

**FINANCIAL STATEMENTS WITH SUPPLEMENTAL SCHEDULES**

Years Ended December 31, 2017 and 2016

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| All other supplemental schedules required by the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted as they are not applicable. |             |

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from an electronic file. An original copy of this document  
is available at the Plan's office.*

## INDEPENDENT AUDITOR'S REPORT

Retirement Committee  
**Spirit AeroSystems Holdings, Inc.**  
**Pension Value Plan**

### **Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of the Spirit AeroSystems Holdings, Inc. Pension Value Plan (Plan), which comprise the statements of net assets available for benefits as of December 31, 2017 and 2016, the related statements of changes in net assets available for benefits for the years then ended, the statement of accumulated plan benefits as of December 31, 2017, the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

### ***Management's Responsibility for the Financial Statements***

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

### ***Auditor's Responsibility***

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

### ***Basis for Disclaimer of Opinion***

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified or provided by The Bank of New York Mellon / BNY Mellon, N.A. (BNY Mellon), except for comparing this information with the related information included in the financial statements. We have been informed by the Plan Administrator that BNY Mellon holds the Plan's assets and executes transactions. The Plan Administrator has obtained certifications from BNY Mellon as of December 31, 2017 and 2016, and for the years then ended, that the information provided to the Plan Administrator by BNY Mellon is complete and accurate.

***Disclaimer of Opinion***

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

***Other Matter***

The supplemental schedules, Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2017 and Schedule H, Line 4j - Schedule of Reportable Transactions for the year ended December 31, 2017, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purposes of additional analysis and are not a required part of the financial statements. These supplemental schedules are the responsibility of the Plan's management. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules.

**Report on Form and Content in Compliance with DOL Rules and Regulations**

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified or provided by BNY Mellon, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

*Allen, Gibbs & Houlik, L.C.*  
CERTIFIED PUBLIC ACCOUNTANTS

October 9, 2018  
Wichita, KS

**SPIRIT AEROSYSTEMS HOLDINGS, INC.  
PENSION VALUE PLAN**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

December 31, 2017 and 2016

|                                          | <u>2017</u>                    | <u>2016</u>                    |
|------------------------------------------|--------------------------------|--------------------------------|
| <b>ASSETS</b>                            |                                |                                |
| Investments at fair value                | <b>\$ 1,410,267,370</b>        | \$ 1,302,857,376               |
| Receivables:                             |                                |                                |
| Accrued interest and dividends           | <u>2,607</u>                   | <u>1,801</u>                   |
| Total assets                             | <b>1,410,269,977</b>           | 1,302,859,177                  |
| <b>LIABILITIES</b>                       |                                |                                |
| Accrued administrative expenses          | <u>212,081</u>                 | <u>209,763</u>                 |
| <b>Net assets available for benefits</b> | <b><u>\$ 1,410,057,896</u></b> | <b><u>\$ 1,302,649,414</u></b> |

The accompanying notes are an integral  
part of these financial statements.

**SPIRIT AEROSYSTEMS HOLDINGS, INC.  
PENSION VALUE PLAN**

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

Years Ended December 31, 2017 and 2016

|                                                  | <u>2017</u>                    | <u>2016</u>                    |
|--------------------------------------------------|--------------------------------|--------------------------------|
| <b>Additions to net assets attributed to:</b>    |                                |                                |
| Investment income:                               |                                |                                |
| Net change in fair value of investments          | \$ 176,826,309                 | \$ 116,572,293                 |
| Interest and dividends                           | 25,819                         | 5,441                          |
| <b>Total additions</b>                           | <u>176,852,128</u>             | <u>116,577,734</u>             |
| <b>Deductions from net assets attributed to:</b> |                                |                                |
| Benefits paid                                    | 67,134,155                     | 54,297,966                     |
| Administrative expenses                          | 2,309,491                      | 2,493,062                      |
| <b>Total deductions</b>                          | <u>69,443,646</u>              | <u>56,791,028</u>              |
| <b>Net change</b>                                | <u>107,408,482</u>             | <u>59,786,706</u>              |
| <b>Net assets available from benefits:</b>       |                                |                                |
| Beginning of year                                | <u>1,302,649,414</u>           | <u>1,242,862,708</u>           |
| <b>End of year</b>                               | <u><u>\$ 1,410,057,896</u></u> | <u><u>\$ 1,302,649,414</u></u> |

The accompanying notes are an integral  
part of these financial statements.

**SPIRIT AEROSYSTEMS HOLDINGS, INC.**  
**PENSION VALUE PLAN**

STATEMENT OF ACCUMULATED PLAN BENEFITS

December 31, 2017

Actuarial present value for accumulated Plan benefits

Vested benefits for:

|                     |                |
|---------------------|----------------|
| Active participants | \$ 492,743,142 |
|---------------------|----------------|

|                                              |            |
|----------------------------------------------|------------|
| Inactive participants with deferred benefits | 29,865,057 |
|----------------------------------------------|------------|

|                                          |                    |
|------------------------------------------|--------------------|
| Inactive participants receiving benefits | <u>323,050,606</u> |
|------------------------------------------|--------------------|

|       |             |
|-------|-------------|
| Total | 845,658,805 |
|-------|-------------|

|                     |                   |
|---------------------|-------------------|
| Non-vested benefits | <u>21,685,532</u> |
|---------------------|-------------------|

**Total actuarial present value of accumulated**

|                      |                                     |
|----------------------|-------------------------------------|
| <b>Plan benefits</b> | <b><u><u>\$ 867,344,337</u></u></b> |
|----------------------|-------------------------------------|

The accompanying notes are an integral  
part of these financial statements.

**SPIRIT AEROSYSTEMS HOLDINGS, INC.  
PENSION VALUE PLAN**

**STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS**

Year Ended December 31, 2017

|                                                                         |                                     |
|-------------------------------------------------------------------------|-------------------------------------|
| Actuarial present value of accumulated Plan benefits, beginning of year | <u><b>\$ 806,744,316</b></u>        |
| Increase (decrease) during the year due to:                             |                                     |
| Benefits paid                                                           | <b>(54,297,966)</b>                 |
| Increase for interest due to decrease in discount period                | <b>46,639,975</b>                   |
| Benefits accumulated and losses                                         | <b>13,123,514</b>                   |
| Change in plan provisions                                               | <b>22,562,733</b>                   |
| Change in actuarial assumptions                                         | <u><b>32,571,765</b></u>            |
| Net change                                                              | <u><b>60,600,021</b></u>            |
| Actuarial present value of accumulated Plan benefits, end of year       | <u><u><b>\$ 867,344,337</b></u></u> |

The accompanying notes are an integral  
part of these financial statements.

**SPIRIT AEROSYSTEMS HOLDINGS, INC.  
PENSION VALUE PLAN**

**NOTES TO FINANCIAL STATEMENTS**

**1. DESCRIPTION OF THE PLAN**

The following description of the Spirit AeroSystems Holdings, Inc. Pension Value Plan (Plan) is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information. The Retirement Committee is responsible for oversight of the Plan, determines the appropriateness of the Plan's investments offerings and monitors investment performance.

General - On June 17, 2005, Spirit AeroSystems, Inc. (Company), a subsidiary of Spirit AeroSystems Holdings, Inc. acquired certain assets and assumed certain liabilities of The Boeing Company (Boeing). As part of the acquisition, the Company also assumed the liabilities of several qualified defined benefit pension plans.

The Plan covers employees who had accrued a benefit in the comparable Boeing plan as of June 16, 2005, were hired by the Company on June 17, 2005, and did not retire from Boeing by August 1, 2005. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Pension Benefits - Participants with five or more years of service are entitled to monthly pension benefits beginning at normal retirement age (65) except for the Pension Value Plan (Sub-Plan #4), which allows for pension benefits after three years of service. Upon retirement, the amount of benefits under the Plan is determined based on the heritage plan under which the participant was merged into the Plan as follows:

Employee Retirement Plan for IAM Employees (Sub-Plan #1) - the highest amount determined based upon three different computations: 1) Basic Benefit, 2) Complement Benefit, or 3) Final Average Benefit.

Employee Retirement Plan for IBEW, WEU and WTPU Employees (Sub-Plan #2) - the highest amount determined based upon three different computations: 1) Basic Benefit, 2) Complement Benefit, or 3) Final Average Benefit.

Employee Retirement Plan for UAW Employees (Sub-Plan #3) - \$52 per year of benefit service.

Pension Value Plan (Sub-Plan #4) - the highest amount determined based upon two different computations: 1) Credit-based Benefit (including Final Average Benefit, plus annual benefit interest credits), and 2) Minimum Benefit.

In general, the Plan provides for benefits to begin on the first day of the month on or after the participant's 65<sup>th</sup> birthday, with various options for early retirement or death. The Plan's normal form of benefit for a single participant is a Straight Life Annuity. For a married participant in Sub-Plan #1, Sub-Plan #2 and Sub-Plan #4, the Plan provides for a 50%, 75%, or 100% Joint and Survivor Annuity providing a lifetime benefit payable to the participant. For a married participant in the Sub-Plan #3, the Plan provides a 55% or 75% Joint and Survivor Annuity providing a lifetime benefit payable to the participant. Participants may elect to receive a lump-sum distribution of their cash account upon retirement or termination if balances are less than \$5,000.

**SPIRIT AEROSYSTEMS HOLDINGS, INC.**  
**PENSION VALUE PLAN**

**NOTES TO FINANCIAL STATEMENTS**

**1. DESCRIPTION OF THE PLAN (CONTINUED)**

Death Benefits - If an active participant in the Sub-Plan #1, Sub-Plan #2 and Sub-Plan #4 dies at age 55 or older, a death benefit equal to the value of the participant's accumulated pension benefits is paid to the participant's eligible surviving spouse as a 100% Surviving Spouse Annuity. If the active participant dies before age 55, the benefit will be paid to the participant's eligible surviving spouse as a 50% Joint and Survivor Annuity. If an active participant in the Sub-Plan #3 dies, a death benefit equal to the value of the participant's accumulated pension benefits is paid to the participant's eligible surviving spouse as a 55% Joint and Survivor Annuity.

Disability Benefits - Active participants in Sub-Plan #1, Sub-Plan #2 and Sub-Plan #3 who become totally disabled, receive disability benefits that are equal to the normal retirement benefits that they have accumulated as of the time they become disabled. Disability benefits are paid until normal retirement age, at which time, disabled participants begin receiving normal retirement benefits computed as though they had been employed to normal retirement age. Active participants in Sub-Plan #4 are not offered any disability benefits under the Plan.

Vesting Service - All participants are fully vested. Participants began accumulating vesting service during employment at Boeing (or its predecessors) and continue to earn additional vesting service during employment at the Company.

Benefit Service - Benefit service is part of the benefit formula used to calculate the minimum benefit under the Plan. Benefit service was frozen as of June 16, 2005; participants do not earn additional benefit service during employment with the Company. Prior to June 17, 2005, participants earned benefit service from the later of the date they were hired by Boeing or transferred into a specific Plan.

Funding policy - The Company's funding policy is to make periodic contributions to the Plan as determined by the Plan's actuary. No employee contributions are permitted. Due to the funded status of the Plan, no contributions were made in 2017 or 2016.

**2. SUMMARY OF ACCOUNTING POLICIES**

Use of Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect: (1) the reported amounts of assets and liabilities, (2) disclosures such as contingencies, and (3) the reported amounts of revenues and expenses included in such financial statements. Actual results could differ from those estimates. The Plan uses an actuary to determine the actuarial present value of accumulated plan benefits. A change in the actuarial assumptions used could significantly change the amount of the actuarial present value of accumulated plan benefits reported in the accompanying financial statements.

**SPIRIT AEROSYSTEMS HOLDINGS, INC.  
PENSION VALUE PLAN**

**NOTES TO FINANCIAL STATEMENTS**

**2. SUMMARY OF ACCOUNTING POLICIES (CONTINUED)**

Valuation of Investments and Income Recognition - The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Retirement Committee determines the Plan's valuation policies utilizing information provided by the Plan's investment advisors. The purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net change includes the Plan's gains and losses on investment purchases and sold as well as held during the year.

Actuarial Present Value of Accumulated Plan Benefits - Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to: (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' years of credited service. Benefits payable under all circumstances - retirement, death, disability, and termination of employment - are included to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated Plan benefits is determined by the Plan's actuary, Mercer, and is that amount that results from applying actuarial assumptions to adjust the accumulated Plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the actuarial computations at January 1, 2017 and 2016, were as follows:

|                   | 2017                              | 2016                              |
|-------------------|-----------------------------------|-----------------------------------|
| Investment return | 5.50%                             | 6.00%                             |
| Mortality         | MILES-2010 Generational<br>Tables | MILES-2010 Generational<br>Tables |
| Retirement age    | Assumed Retirement Tables         | Assumed Retirement Tables         |
| Discount rate     | 4.15%                             | 4.38%                             |

The actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated benefits. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2017 and 2016. A full list of assumptions can be located in the full report provided by Mercer dated June 2017.

**SPIRIT AEROSYSTEMS HOLDINGS, INC.  
PENSION VALUE PLAN**

**NOTES TO FINANCIAL STATEMENTS**

**2. SUMMARY OF ACCOUNTING POLICIES (CONTINUED)**

Benefit Payments - Benefits are recorded when paid.

Administrative Expenses - Investment advisory, actuarial and other administrative expenses of the Plan are paid by the Plan except those expenses the Company is required by law to pay. Some investment related expenses may be included in net change in fair value of investments.

Subsequent Events - These financial statements considered subsequent events through October 9, 2018, the date the financial statements were available to be issued.

**3. INFORMATION CERTIFIED BY THE BANK OF NEW YORK MELLON / BNY MELLON, N.A. (UNAUDITED)**

The following is a summary of the information as of December 31, 2017 and 2016, and for the years then ended, included throughout the Plan's financial statements and supplemental schedules, that was prepared by or derived from information provided by The Bank of New York Mellon / BNY Mellon, N.A. (BNY Mellon) and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from BNY Mellon that information provided to the Plan Administrator by BNY Mellon related to the following is complete and accurate.

Accordingly, as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information below, the fair values in Note 4, and the fair values in the supplemental schedules related to the following assets:

|                                  | 2017                    | 2016                    |
|----------------------------------|-------------------------|-------------------------|
| Investments at fair value:       |                         |                         |
| Commingled Equity and Bond Funds | <u>\$ 1,410,267,370</u> | <u>\$ 1,302,857,376</u> |

BNY Mellon also certified to the completeness and accuracy of \$176,826,309 and \$116,572,293 of net change in fair value of investments and interest and dividends of \$25,819 and \$5,441 for the years ended December 31, 2017 and 2016, respectively.

**4. INVESTMENTS AND FAIR VALUE MEASUREMENTS**

Fair value is defined as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction value hierarchy which requires an entity to maximize the use of observable inputs when measuring fair value.

The following describes three levels of inputs that may be used to measure fair value:

Level 1 - Inputs to the valuation methodology are quoted prices available in active markets for identical investments as of the reporting date;

**SPIRIT AEROSYSTEMS HOLDINGS, INC.  
PENSION VALUE PLAN**

**NOTES TO FINANCIAL STATEMENTS**

**4. INVESTMENTS AND FAIR VALUE MEASUREMENTS (CONTINUED)**

Level 2 - Inputs to the valuation methodology are other than quoted prices in active markets, which are either directly or indirectly observable as of the reporting date, and fair value can be determined through the use of models or other valuation methodologies; and

Level 3 - Inputs to the valuation methodology are unobservable inputs in situations where there is little or no market activity for the asset or liability and the reporting entity makes estimates and assumptions related to the pricing of the asset or liability including assumptions regarding risk.

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. The following is a description of the valuation methodologies used for instruments measured at fair value, including the general classification of such instruments pursuant to the valuation hierarchy.

*Commingled Equity and Bond Funds* - These investments are valued at the closing price reported by BNY Mellon. These investments are not being traded in an active market, but are backed by various investment securities managed by the BNY Mellon. Fair value is being calculated using inputs that rely on the BNY Mellon's own assumptions which are based on underlying investments traded on an active market.

The Plan's financial instruments that are valued on a recurring basis in accordance with the above fair value hierarchy is as follows (there are no Level 1 or 3 assets):

| <u>Fair Value as of December 31, 2017:</u> |                         |                                   |
|--------------------------------------------|-------------------------|-----------------------------------|
|                                            | <u>Level 2</u>          | <u>Fair Value<br/>(Unaudited)</u> |
| Investments:                               |                         |                                   |
| Commingled Equity<br>and Bond Funds        | <u>\$ 1,410,267,370</u> | <u>\$ 1,410,267,370</u>           |

| <u>Fair Value as of December 31, 2016:</u> |                         |                                   |
|--------------------------------------------|-------------------------|-----------------------------------|
|                                            | <u>Level 2</u>          | <u>Fair Value<br/>(Unaudited)</u> |
| Investments:                               |                         |                                   |
| Commingled Equity<br>and Bond Funds        | <u>\$ 1,302,857,376</u> | <u>\$ 1,302,857,376</u>           |

**SPIRIT AEROSYSTEMS HOLDINGS, INC.**  
**PENSION VALUE PLAN**

**NOTES TO FINANCIAL STATEMENTS**

**5. PARTY-IN-INTEREST TRANSACTIONS**

Certain Plan investments are managed by BNY Mellon (party-in-interest) and, therefore, these transactions qualify as party-in-interest transactions. Total fees incurred directly by the Plan for professional fees and contract administrative fees were \$2,309,491 and 2,493,062 for 2017 and 2016, respectively.

**6. PLAN TERMINATION**

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

In the event of termination of the Plan, a portion of the benefits under the Plan is insured by the Pension Benefit Guaranty Corporation (PBGC), a U.S. Government agency. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivors' pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC.

**7. TAX STATUS**

The IRS has determined and informed the Company by a letter dated April 13, 2016, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan Administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified and is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Management evaluated the Plan's tax positions and concluded that it had taken no uncertain tax positions that require recognition or disclosure in the financial statements. No provision or liability for income taxes has been included in the financial statements.

**8. RISKS AND UNCERTAINTIES**

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumption process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

**SPIRIT AEROSYSTEMS HOLDINGS, INC.  
PENSION VALUE PLAN**

**NOTES TO FINANCIAL STATEMENTS**

**8. RISKS AND UNCERTAINTIES (CONTINUED)**

The Plan invests in various investment securities, which are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

## Schedule SB, line 26 — Schedule of Active Participant Data

| Attained Age | Years Of Credited Service |       |       |       |        |        |        |        |       |         |        |
|--------------|---------------------------|-------|-------|-------|--------|--------|--------|--------|-------|---------|--------|
|              | UNDER 1                   | 1–4   | 5–9   | 10–14 | 15–19  | 20–24  | 25–29  | 30–34  | 35–39 | 40 & UP | TOTAL  |
| Under 25     |                           |       |       |       |        |        |        |        |       |         |        |
|              |                           |       |       |       |        |        |        |        |       |         |        |
|              |                           |       |       |       |        |        |        |        |       |         |        |
| 25–29        |                           |       |       |       |        |        |        |        |       |         |        |
|              |                           |       |       |       |        |        |        |        |       |         |        |
|              |                           |       |       |       |        |        |        |        |       |         |        |
| 30–34        | 1                         | 1     |       |       |        |        |        |        |       |         | 2      |
|              |                           |       |       |       |        |        |        |        |       |         |        |
|              |                           |       |       |       |        |        |        |        |       |         |        |
| 35–39        | 5                         | 5     | 14    |       |        |        |        |        |       |         | 24     |
|              |                           |       |       |       |        |        |        |        |       |         | 3,189  |
|              |                           |       |       |       |        |        |        |        |       |         | 932    |
| 40–44        | 6                         | 7     | 113   | 2     |        |        |        |        |       |         | 128    |
|              |                           |       | 5,000 |       |        |        |        |        |       |         | 4,683  |
|              |                           |       | 1,374 |       |        |        |        |        |       |         | 1,329  |
| 45–49        | 1                         | 11    | 161   | 69    | 44     |        |        |        |       |         | 286    |
|              |                           |       | 5,368 | 9,521 | 13,609 |        |        |        |       |         | 7,487  |
|              |                           |       | 3,329 | 2,752 | 11,711 |        |        |        |       |         | 4,428  |
| 50–54        | 3                         | 4     | 152   | 144   | 534    | 90     |        |        |       |         | 927    |
|              |                           |       | 5,383 | 9,920 | 14,413 | 16,654 |        |        |       |         | 12,360 |
|              |                           |       | 4,770 | 4,137 | 10,867 | 10,285 |        |        |       |         | 8,731  |
| 55–59        | 2                         | 3     | 133   | 153   | 605    | 411    | 235    |        |       |         | 1,542  |
|              |                           |       | 5,622 | 9,795 | 13,816 | 17,953 | 20,629 |        |       |         | 14,813 |
|              |                           |       | 7,145 | 5,534 | 8,428  | 15,767 | 15,934 |        |       |         | 11,127 |
| 60–64        | 4                         | 6     | 67    | 76    | 306    | 213    | 306    | 28     |       |         | 1,006  |
|              |                           |       | 5,472 | 9,730 | 13,612 | 17,026 | 21,156 | 24,830 |       |         | 15,987 |
|              |                           |       | 9,165 | 6,594 | 10,656 | 14,358 | 18,969 | 19,603 |       |         | 13,798 |
| 65–69        | 1                         | 2     | 10    | 7     | 24     | 40     | 30     | 3      |       |         | 117    |
|              |                           |       |       |       | 13,429 | 16,615 | 21,790 |        |       |         | 15,712 |
|              |                           |       |       |       | 9,321  | 15,765 | 19,120 |        |       |         | 14,672 |
| 70 & up      |                           |       | 2     |       | 1      |        |        |        |       |         | 3      |
|              |                           |       |       |       |        |        |        |        |       |         |        |
|              |                           |       |       |       |        |        |        |        |       |         |        |
| Total        | 23                        | 39    | 652   | 451   | 1,514  | 754    | 571    | 31     |       |         | 4,035  |
|              | 265                       | 2,349 | 5,354 | 9,789 | 13,972 | 17,465 | 20,973 | 24,611 |       |         | 13,647 |
|              | 224                       | 6,849 | 4,847 | 5,077 | 9,842  | 14,714 | 17,728 | 17,706 |       |         | 10,505 |

In each cell, the top number is the count of active participants for each age/service combination. The middle number is the average, annual accrued benefit. The bottom number is the average cash balance amount. Average annual accrued benefit and average cash balance amount are shown for cells with less than 20 participants.

## Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

**Actuarial Assumptions for January 1, 2017 Funding Valuation****Discount rate sponsor elections**

|                                     |                          |                             |
|-------------------------------------|--------------------------|-----------------------------|
| • Segment rates or full yield curve | Segment                  |                             |
| • Look-back months                  | 0                        |                             |
|                                     | <b><u>Stabilized</u></b> | <b><u>Nonstabilized</u></b> |
| • First 5 years                     | 4.16%                    | 1.57%                       |
| • Next 15 years                     | 5.72%                    | 3.77%                       |
| • Over 20 years                     | 6.48%                    | 4.73%                       |

Rationale: This is an IRS prescribed assumption.

**Mortality sponsor elections**

|                          |                                                                                                 |
|--------------------------|-------------------------------------------------------------------------------------------------|
| • Healthy participants   | Section 430(h)(3) prescribed separate generational annuitant and nonannuitant mortality tables. |
| • Pre-1995 disabilities  | Revenue Ruling 96-7 table for participants who became disabled before 1995.                     |
| • Post-1994 disabilities | Revenue Ruling 96-7 table for participants who became disabled after 1994.                      |

Rationale: This is an IRS prescribed assumption.

**Cash balance plans**

|                              |                                                                                       |
|------------------------------|---------------------------------------------------------------------------------------|
| • Interest accumulation rate | 5.25% per year on Spirit AeroSystems Holdings, Inc. Pension Value Plan cash balances. |
|------------------------------|---------------------------------------------------------------------------------------|

Rationale: Based on plan provisions.

**Other economic assumptions**

|                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|-----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| • Salary increases                            | Not applicable because of the frozen nature of the plan.                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| • Social Security taxable wage base increases | Not applicable because of the frozen nature of the plan.                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| • Inflation                                   | Not applicable because of the frozen nature of the plan.                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| • Expected investment return                  | 6.00% for 2016 and 5.50% for 2017.<br>Rationale: The expected rate of return on plan assets is based on a blend of the hypothetical past performance of the plan's target asset mix, and the median simulated investment return using capital market assumptions published in Mercer Investment Consulting's Capital Markets Outlook for the plan's target asset mix. The expected return on assets assumption is net of an adjustment of 10 bps for expenses assumed to be paid from plan assets. |
| • Expenses                                    | \$2,799,235 added to current year normal cost.<br>Rationale: The expense assumption is based on the actual expenses paid from plan assets for the previous year.                                                                                                                                                                                                                                                                                                                                   |

*Schedule SB, Part V — Statement of Actuarial Assumptions/Methods***Demographic assumptions**

- Withdrawal

Rates are based on tables from a Society of Actuaries turnover study in 2003. Rates for hourly union employees are 110% of the Hourly Union Aggregate, age based table from the study. Rates for all other employees are based on 30% of the Mercer Modified age only 2003 Society of Actuaries Turnover Study. See table of sample rates.

Rationale: The withdrawal rates are based on an Experience Analysis performed in 2016 using data from 2011 through 2014. The non-hourly withdrawal rates were updated as a result of the 2016 experience review. The assumption is reviewed annually for reasonableness.

- Disability incidence

None.

- Retirement age

| Age | Retirement   |            |
|-----|--------------|------------|
|     | Hourly Union | All others |
| 55  | 3.0%         | 7.0%       |
| 56  | 3.0%         | 7.0%       |
| 57  | 3.0%         | 10.0%      |
| 58  | 3.0%         | 10.0%      |
| 59  | 3.0%         | 12.0%      |
| 60  | 3.0%         | 12.0%      |
| 61  | 20.0%        | 20.0%      |
| 62  | 20.0%        | 25.0%      |
| 63  | 10.0%        | 25.0%      |
| 64  | 10.0%        | 20.0%      |
| 65  | 25.0%        | 40.0%      |
| 66  | 10.0%        | 20.0%      |
| 67  | 10.0%        | 20.0%      |
| 68  | 10.0%        | 20.0%      |
| 69  | 10.0%        | 20.0%      |
| 70  | 10.0%        | 20.0%      |
| 71  | 100.0%       | 100.0%     |

Rationale: The retirement rates are based on an Experience Analysis performed in 2016 using data from 2011 through 2014. The assumption is reviewed annually for reasonableness.

- Benefit commencement age for

- Future vested deferred 65
- Current vested deferred 65

*Schedule SB, Part V — Statement of Actuarial Assumptions/Methods*

|                                                                                                                                                                                  |                                 |                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-----------------------------------|
| • Spouse assumptions                                                                                                                                                             | <b><u>Male participants</u></b> | <b><u>Female participants</u></b> |
| – Percentage married                                                                                                                                                             | 80%                             | 60%                               |
| – Spouse age difference                                                                                                                                                          | 2 years younger                 | 2 years older                     |
| Rationale: Spouse assumptions were updated as a result of a 2016 experience study using data from 2011 through 2014. These assumptions are reviewed annually for reasonableness. |                                 |                                   |

|                                                                                                                                                                                                                                                                                 |                           |                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------------------|
| <b>Form of payment — Males</b>                                                                                                                                                                                                                                                  | <b><u>Single Life</u></b> | <b><u>J&amp;S Pop-up</u></b> |
| • Active retirements                                                                                                                                                                                                                                                            | 25%                       | 75%                          |
| • Future vested deferred                                                                                                                                                                                                                                                        | 100%                      | 0%                           |
| • Future deaths                                                                                                                                                                                                                                                                 | 0%                        | 100%                         |
| • Current vested deferred                                                                                                                                                                                                                                                       | 40%                       | 60%                          |
| Rationale: The male form of payment assumptions are based on an Experience Analysis performed in 2016 using data from 2011 through 2014 as well as expectations regarding future plan experience based on the value of the subsidy included in the J&S pop-up forms of payment. |                           |                              |

|                                                                                                                                                                                                                                                                                   |                           |                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------------------|
| <b>Form of payment — Females</b>                                                                                                                                                                                                                                                  | <b><u>Single Life</u></b> | <b><u>J&amp;S Pop-up</u></b> |
| • Active retirements                                                                                                                                                                                                                                                              | 55%                       | 45%                          |
| • Future vested deferred                                                                                                                                                                                                                                                          | 100%                      | 0%                           |
| • Future deaths                                                                                                                                                                                                                                                                   | 0%                        | 100%                         |
| • Current vested deferred                                                                                                                                                                                                                                                         | 65%                       | 35%                          |
| Rationale: The female form of payment assumptions are based on an Experience Analysis performed in 2016 using data from 2011 through 2014 as well as expectations regarding future plan experience based on the value of the subsidy included in the J&S pop-up forms of payment. |                           |                              |

Assumed survivor percentages for J&S Pop-up benefits depend on the plan the benefit came from and the participant age at death as follows:

|                   |                   |                     |                   |
|-------------------|-------------------|---------------------|-------------------|
|                   | <b><u>PVP</u></b> | <b><u>BCERP</u></b> | <b><u>UAW</u></b> |
| • Prior to age 55 | 50%               | 50%                 | 55%               |
| • After age 55    | 100%              | 100%                | 55%               |

**Unpredictable contingent event assumptions** Not applicable.

**Other assumptions**

|                         |                                                                                                                                                            |
|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| • Hourly Union Employee | Anyone who is currently a member of the UAW, IAM or IBEW unions.                                                                                           |
| • Accrued Benefits      | Since benefits are frozen, the benefit amounts used for the valuation are stored in a database; they are not individually calculated for each participant. |

*Schedule SB, Part V — Statement of Actuarial Assumptions/Methods***Table of Sample Rates**

| Attained age | Withdrawal   |            |
|--------------|--------------|------------|
|              | Hourly Union | All Others |
| 20           | 5.17%        | 16.90%     |
| 25           | 4.07%        | 11.70%     |
| 30           | 3.30%        | 7.93%      |
| 35           | 2.64%        | 5.66%      |
| 40           | 2.09%        | 4.49%      |
| 45           | 1.65%        | 3.97%      |
| 50           | 1.32%        | 3.64%      |
| 55           | 0.99%        | 2.86%      |
| 60           | 0.77%        | 2.21%      |
| 65           | 0.44%        | 1.63%      |

**Actuarial Methods for Funding*****Asset Methods – Effective January 1, 2010***

The asset valuation method is an average of the adjusted market value for each year during the last 2 years preceding the valuation date. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110% and no less than 90% of the fair market value, as defined in IRC Section 430.

A characteristic of this asset method is that, over time, it is slightly more likely to produce an actuarial value of assets that is less than the market value of assets than an actuarial value that is greater than the market value.

***Participant Methods – Effective January 1, 2008***

Participants or former participants are included or excluded from the valuation as described below:

- **Participants included:** The plan sponsor provides us with data (via Mercer Outsourcing) on all employees as of the valuation date, but only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break in service on the valuation date are treated as terminated participants.
- **Insurance contracts:** The plan does not have any insurance contracts.

***Minimum Funding Methods – Effective January 1, 2008***

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become

*Schedule SB, Part V — Statement of Actuarial Assumptions/Methods*

entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.
- An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **target normal cost** is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual are the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.
- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

**SPIRIT AEROSYSTEMS HOLDINGS, INC.  
PENSION VALUE PLAN**

EIN: 20-2436320

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

Year Ended December 31, 2017

|   | <u>Identity of Party<br/>Involved</u> | <u>Description of Investment</u>                              | <u>Purchase Price</u> | <u>Selling<br/>Price</u> | <u>Cost of Asset</u> | <u>Current Value<br/>on Date of<br/>Transaction</u> | <u>Net Gain<br/>(Unaudited)</u> |
|---|---------------------------------------|---------------------------------------------------------------|-----------------------|--------------------------|----------------------|-----------------------------------------------------|---------------------------------|
|   | *BNY Mellon                           | EB Temporary Investment Fund, 53 purchases, 48,235,394 shares | \$ 48,235,394         | \$ --                    | \$ 48,235,394        | \$ 48,235,394                                       | \$ --                           |
| 6 | *BNY Mellon                           | EB Temporary Investment Fund, 81 sales, 47,251,694 shares     | --                    | 47,251,694               | 47,251,694           | 47,251,694                                          | --                              |
|   | *BNY Mellon                           | EB Daily Value Stock Index Fund, 3 purchases, 2,470 shares    | 8,300,000             | --                       | 8,300,000            | 8,300,000                                           | --                              |
|   | *BNY Mellon                           | EB Daily Value Stock Index Fund, 17 sales, 21,514 shares      | --                    | 72,200,010               | 38,180,555           | 72,200,010                                          | 34,019,455                      |
|   | *BNY Mellon                           | EB Long Term Credit, 1 purchase, 112,801 shares               | 57,000,000            | --                       | 57,000,000           | 57,000,000                                          | --                              |
|   | *BNY Mellon                           | EB Long Term Credit, 5 sales, 20,777 shares                   | --                    | 11,000,000               | 7,637,546            | 11,000,000                                          | 3,362,454                       |

\* Party-in-interest

|                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration<br/>Pension Benefit Guaranty Corporation</small> | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br><br><b>▶ File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2017</b><br><br><b>This Form is Open to Public Inspection</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

▶ **Round off amounts to nearest dollar.**  
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

|                                                                                                                                                         |                                                             |     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| <b>A</b> Name of plan<br>SPIRIT AEROSYSTEMS HOLDINGS, INC. PENSION VALUE PLAN                                                                           | <b>B</b> Three-digit plan number (PN) ▶                     | 002 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>SPIRIT AEROSYSTEMS HOLDINGS, INC.                                           | <b>D</b> Employer Identification Number (EIN)<br>20-2436320 |     |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B               |                                                             |     |
| <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |                                                             |     |

| Part I   Basic Information |                                                                                                                                                                                                         |                            |                           |
|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|
| <b>1</b>                   | Enter the valuation date:      Month <u>01</u> Day <u>01</u> Year <u>2017</u>                                                                                                                           |                            |                           |
| <b>2</b>                   | Assets:                                                                                                                                                                                                 |                            |                           |
|                            | a Market value.....                                                                                                                                                                                     | <b>2a</b>                  | 1,302,859,177             |
|                            | b Actuarial value.....                                                                                                                                                                                  | <b>2b</b>                  | 1,307,488,743             |
| <b>3</b>                   | Funding target/participant count breakdown                                                                                                                                                              | (1) Number of participants | (2) Vested Funding Target |
|                            | a For retired participants and beneficiaries receiving payment.....                                                                                                                                     | 1,702                      | 310,772,959               |
|                            | b For terminated vested participants.....                                                                                                                                                               | 439                        | 26,757,018                |
|                            | c For active participants.....                                                                                                                                                                          | 4,035                      | 456,923,501               |
|                            | d Total.....                                                                                                                                                                                            | 6,176                      | 794,453,478               |
| <b>4</b>                   | If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                            |                            |                           |
|                            | a Funding target disregarding prescribed at-risk assumptions.....                                                                                                                                       | <b>4a</b>                  |                           |
|                            | b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor..... | <b>4b</b>                  |                           |
| <b>5</b>                   | Effective interest rate.....                                                                                                                                                                            | <b>5</b>                   | 5.96%                     |
| <b>6</b>                   | Target normal cost.....                                                                                                                                                                                 | <b>6</b>                   | 2,799,235                 |

**Statement by Enrolled Actuary**  
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

|                  |                                                                                                                                                                                                                       |                                                                                                                          |
|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| <b>SIGN HERE</b> | <br>Signature of actuary<br>JOY C. SILVUS, ASA, EA, MAAA<br>Type or print name of actuary<br><br>MERCER<br>Firm name<br>2405 GRAND BOULEVARD, SUITE 900<br>KANSAS CITY      MO      64108-2519<br>Address of the firm | 09/20/2018<br>Date<br>1705205<br>Most recent enrollment number<br>816-556-4816<br>Telephone number (including area code) |
|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|

(a) Carryover balance

(b) Prefunding balance

172,361,696

0

**9** Amount remaining (line 7 minus line 8).....

172,361,696

0

16,546,723

0

**a** Present value of excess contributions (line 38a from prior year).....

0

0

0

**13** Balance at beginning of current year (line 9 + line 10 + line 11d - line 12).....

188,908,419

0

**14** Funding target attainment percentage

|    |         |
|----|---------|
| 14 | 137.27% |
|----|---------|

|    |         |
|----|---------|
| 15 | 160.45% |
|----|---------|

|    |         |
|----|---------|
| 16 | 163.14% |
|----|---------|

|    |   |
|----|---|
| 17 | % |
|----|---|

**18** Contributions made to the plan for the plan year by employer(s) and employees:

(b) Amount paid by employer(s)

(c) Amount paid by employees

(a) Date  
(MM DD YYYY)

(b) Amount paid by  
employee(s)

(c) Amount paid by

**19** Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year.

**a** Contributions allocated toward unpaid minimum required contributions from prior years.

|     |  |
|-----|--|
| 19a |  |
|-----|--|

**b Contributions made to avoid restrictions adjusted to valuation date**

|     |   |
|-----|---|
| 19b | 0 |
|-----|---|

**C** Contributions allocated toward minimum required contribution for current year adjusted to valuation date.

|     |  |
|-----|--|
| 19c |  |
|-----|--|

**20** Quarterly contributions and liquidity shortfalls:

**a** Did the plan have a "funding shortfall" for the prior year?

.. ☐ Yes ☒ No

**b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?

.. ☐ Yes ☐ No

**C** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st

(2) 2nd

|     |     |
|-----|-----|
| (3) | 3rd |
|-----|-----|

(4) 4th

**Part V Assumptions Used to Determine Funding Target and Target Normal Cost****21** Discount rate:**a** Segment rates:1st segment:  
4.16 %2nd segment:  
5.72 %3rd segment:  
6.48 %☐ N/A, full yield curve used**b** Applicable month (enter code).....**21b**

0

**22** Weighted average retirement age .....**22**

63

**23** Mortality table(s) (see instructions)☐

Prescribed - combined

☒

Prescribed - separate

☐

Substitute

**Part VI Miscellaneous Items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment .....☒

Yes

☐

No

**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment .....☐

Yes

☒

No

**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment .....☒

Yes

☐

No

**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment .....**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years .....**28**

0

**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....**29**

0

**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....**30**

0

**Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6).....**31a**

2,799,235

**b** Excess assets, if applicable, but not greater than line 31a .....**31b**

2,799,235

**32** Amortization installments:

Outstanding Balance

Installment

**a** Net shortfall amortization installment.....

0

0

**b** Waiver amortization installment .....

0

0

**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_) and the waived amount .....**33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....**34**

0

Carryover balance

Prefunding balance

Total balance

**35** Balances elected for use to offset funding requirement.....

0

**36** Additional cash requirement (line 34 minus line 35).....**36**

0

**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....**37**

0

**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) .....**38a**

0

**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....**38b****39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....**39**

0

**40** Unpaid minimum required contributions for all years .....**40**

0

**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)****41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected .....☐

2 plus 7 years

☐

15 years

**b** Eligible plan year(s) for which the election in line 41a was made .....☐

2008

☐

2009

☐

2010

☐

2011

**42** Amount of acceleration adjustment .....**42****43** Excess installment acceleration amount to be carried over to future plan years .....**43**

*Schedule SB, line 22 — Description of Weighted Average Retirement Age*

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 63.

A: For participants in the Hourly Union group

| (A)<br>Retirement<br>age | (B)<br>Retirement<br>Percent | (C)<br>Lx | (D)<br>Number of<br>employees<br>expected to retire<br>(B) x (C) | (E)<br>(A) x (D) |
|--------------------------|------------------------------|-----------|------------------------------------------------------------------|------------------|
| 55                       | 3%                           | 10,000    | 300                                                              | 16,500           |
| 56                       | 3%                           | 9,700     | 291                                                              | 16,296           |
| 57                       | 3%                           | 9,409     | 282                                                              | 16,074           |
| 58                       | 3%                           | 9,127     | 274                                                              | 15,892           |
| 59                       | 3%                           | 8,853     | 266                                                              | 15,694           |
| 60                       | 3%                           | 8,587     | 258                                                              | 15,480           |
| 61                       | 20%                          | 8,329     | 1,666                                                            | 101,626          |
| 62                       | 20%                          | 6,663     | 1,333                                                            | 82,686           |
| 63                       | 10%                          | 5,330     | 533                                                              | 33,579           |
| 64                       | 10%                          | 4,797     | 480                                                              | 30,720           |
| 65                       | 25%                          | 4,317     | 1,078                                                            | 70,070           |
| 66                       | 10%                          | 3,239     | 324                                                              | 21,384           |
| 67                       | 10%                          | 2,915     | 292                                                              | 19,564           |
| 68                       | 10%                          | 2,623     | 262                                                              | 17,816           |
| 69                       | 10%                          | 2,361     | 236                                                              | 16,284           |
| 70                       | 10%                          | 2,125     | 213                                                              | 14,910           |
| 71                       | 100%                         | 1,912     | 1,912                                                            | 135,752          |
| Total                    |                              |           | 10,000                                                           | 640,287          |
| Average                  |                              |           |                                                                  | 64.03            |

## Schedule SB, line 22 — Description of Weighted Average Retirement Age

B: For participants in all other groups

| (A)<br>Retirement<br>age | (B)<br>Retirement<br>Percent | (C)<br>Lx | (D)<br>Number of<br>employees<br>expected to retire<br>(B) x (C) | (E)<br>(A) x (D) |
|--------------------------|------------------------------|-----------|------------------------------------------------------------------|------------------|
| 55                       | 7%                           | 10,000    | 700                                                              | 38,500           |
| 56                       | 7%                           | 9,300     | 651                                                              | 36,456           |
| 57                       | 10%                          | 8,649     | 865                                                              | 49,305           |
| 58                       | 10%                          | 7,784     | 778                                                              | 45,124           |
| 59                       | 12%                          | 7,006     | 841                                                              | 49,619           |
| 60                       | 12%                          | 6,165     | 740                                                              | 44,400           |
| 61                       | 20%                          | 5,425     | 1,085                                                            | 66,185           |
| 62                       | 25%                          | 4,340     | 1,085                                                            | 67,270           |
| 63                       | 25%                          | 3,255     | 814                                                              | 51,282           |
| 64                       | 20%                          | 2,441     | 488                                                              | 31,232           |
| 65                       | 40%                          | 1,953     | 781                                                              | 50,765           |
| 66                       | 20%                          | 1,172     | 234                                                              | 15,444           |
| 67                       | 20%                          | 938       | 188                                                              | 12,596           |
| 68                       | 20%                          | 750       | 150                                                              | 10,200           |
| 69                       | 20%                          | 600       | 120                                                              | 8,280            |
| 70                       | 20%                          | 480       | 96                                                               | 6,720            |
| 71                       | 100%                         | 384       | 384                                                              | 27,264           |
| Total                    |                              |           | 10,000                                                           | 610,642          |
| Average                  |                              |           |                                                                  | 61.06            |

| (A)<br>Category | (B)<br>Number of<br>Employees | (C)<br>Average<br>Retirement<br>Age (ARA) | (D)<br>Number of<br>employees x ARA<br>(B) x (C) |
|-----------------|-------------------------------|-------------------------------------------|--------------------------------------------------|
| A               | 2,572                         | 64.03                                     | 164,685.16                                       |
| B               | 1,463                         | 61.06                                     | 89,330.78                                        |
| Total           | 4,035                         |                                           | 254,015.94                                       |
| Average         |                               |                                           | 62.95                                            |

## Schedule SB, Part V — Summary of Plan Provisions

**Summary of Major Plan Provisions**

| Effective date and plan year                     | Original Plan: June 17, 2005.<br>Plan year: Calendar year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                        |                                                                                                                                                                                                                 |
|--------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Most recent amendment                            | Amendment Five, effective November 30, 2016. Plan was restated effective January 1, 2015.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                        |                                                                                                                                                                                                                 |
| Status of the plan                               | The plan is frozen as of June 17, 2005.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                        |                                                                                                                                                                                                                 |
| Significant events that occurred during the year | The PVP was amended during 2016 to allow for a one-time optional lump sum form of payment for vested terminated participants. Also, the PVP offered a Voluntary Retirement Program in December, 2016 to certain PVP participants. Eligible participants were allowed to take their regular PVP benefit as a lump sum. In addition all eligible participants were offered a supplemental lump sum. The supplemental lump sum for IBEW participants was \$25,000. All other participants received 100% of their annual base pay up to \$70,000. In addition, all participants (except IBEW) were eligible to receive an additional \$10,000 if they terminated on or before January 3, 2017. |                                                                                                                                                                        |                                                                                                                                                                                                                 |
| Plan benefits                                    | Participants who were previously in the Spirit AeroSystems Holdings, Inc. Pension Value Plan have PVP Benefits. Participants previously in the Retirement Plan for IAM Employees and the Retirement Plan for IBEW, WEU, and WTPU Employees have BCERP Benefits, and participants previously in the Retirement Plan for UAW Employees have UAW benefits. It is possible for participants to have benefits in multiple plans. The provisions for each of these benefits are listed below.                                                                                                                                                                                                    |                                                                                                                                                                        |                                                                                                                                                                                                                 |
| Definitions                                      | PVP benefits                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | BCERP benefits                                                                                                                                                         | UAW benefits                                                                                                                                                                                                    |
| • Benefit service                                | Frozen as of 6/17/2005                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Frozen as of 6/17/2005                                                                                                                                                 | Frozen as of 6/17/2005                                                                                                                                                                                          |
| • Vesting service                                | Vesting service in the Boeing PVP Plan as of 6/17/2005 plus service after 6/17/2005 with Spirit AeroSystems Holdings, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Vesting service in the Boeing BCERP Plan as of 6/17/2005 plus years of service after 6/17/2005 with Spirit AeroSystems Holdings, Inc. in which 1,000 hours are worked. | Vesting service in the Boeing BNA Plan as of 6/17/2005 plus service after 6/17/2005 with Spirit AeroSystems Holdings, Inc. One month of service is earned for each 80 hours worked during a calendar year.      |
| • Eligibility service                            | Special eligibility service for Heritage BNA and Heritage MDC participants equals their respective eligibility service in the Boeing PVP Plan as of 6/17/2005 plus vesting service after 6/17/2005 with Spirit AeroSystems Holdings, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                  | N/A                                                                                                                                                                    | Eligibility service in the Boeing BNA Plan as of 6/17/2005 plus service after 6/17/2005 with Spirit AeroSystems Holdings, Inc. One month of service is earned for each 150 hours worked during a calendar year. |
| • Participation                                  | Spirit employee on 6/17/2005 with benefits transferred from the Boeing PVP Plan.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Spirit employee on 6/17/2005 with benefits transferred from the Boeing BCERP Plan.                                                                                     | Spirit employee on 6/17/2005 with benefits transferred from the Boeing BNA Plan.                                                                                                                                |
| • Vesting                                        | 3 years vesting service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 5 years vesting service                                                                                                                                                | 5 years vesting service                                                                                                                                                                                         |

*Schedule SB, Part V — Summary of Plan Provisions*

|                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                |
|------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| • Accrued benefit                  | Frozen as of 6/17/2005. Benefit is the greater of the Minimum Benefit (\$60 times benefit service) or the sum of the Boeing PVP Plan Cash Balance benefit plus Heritage Boeing benefit plus Heritage BNA benefit plus Heritage MDC benefit. The Boeing PVP Plan Cash Balance earned as of 6/17/2005 is accumulated with interest at 30-Year Treasury rates (minimum of 5.25% and maximum of 10%) until benefit commencement, divided by an annuity factor (132 for retirements and 132 to 180 for terminations dependent on benefit commencement age).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Frozen as of 6/17/2005. Greater of the Standard Benefit, the Alternate Benefit, or the Old Alternate Benefit. The Standard Benefit is \$60 times benefit service. The Alternate Benefit is the Core Benefit (1.025% times final average monthly earnings times benefit service) plus the Excess Benefit (.45% times excess if any of final average monthly earnings over \$3,862 times benefit service). The Old Alternate Benefit (active participants as of 1/1/1993) is 1.5% times final average monthly earnings times benefit service minus 1.25% times Social Security PIA times benefit service. | Frozen as of 6/17/2005. Benefit is \$52 times benefit service. |
| • 2014 Supplemental Window Benefit | For any 2014 Window Eligible Participant as defined in Amendment Four, an additional one-time benefit is payable from the plan (defined as the 2014 Supplemental Window Benefit). This benefit is defined as a hypothetical cash amount, equal to 2% of the participant's Base Pay times the total number of 2014 Window Years of Service (equal to vesting service in plan). In no case is the participant's 2014 Supplemental Window Benefit less than \$30,000 or more than 50% of the participant's 2014 Base Compensation.<br><br>The 2014 Supplemental Window Benefit is payable as either a lump sum or a single life annuity for single participants, and married participants could also elect either the Joint and Survivor with 50% continued and with pop-up (QJSA), or a Joint and Survivor with 75% continued and with pop-up (QOSA). The life annuity is calculated as the actuarial equivalent of the lump sum under IRS 417(e) assumptions. The joint and survivor optional forms of payment were calculated using the same factors as are reflected for the accrued benefit under the plan. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                |

*Schedule SB, Part V — Summary of Plan Provisions*

- 
- **2016 Supplemental Window Benefit**

For any 2016 Voluntary Retirement Window Eligible Participant as defined in Amendment Seven, an additional one-time benefit is payable from the plan (defined as the 2016 Supplemental Window Benefit). This benefit is defined as a hypothetical cash amount, equal to \$25,000.

The 2016 Supplemental Window Benefit is payable as either a lump sum or a single life annuity for single participants, and married participants could also elect either the Joint and Survivor with 50% continued and with pop-up (QJSA), or a Joint and Survivor with 75% continued and with pop-up (QOSA). The life annuity is calculated as the actuarial equivalent of the lump sum under IRS 417(e) assumptions. The joint and survivor optional forms of payment were calculated using the same factors as are reflected for the accrued benefit under the plan.

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  - **2016 Hourly Supplemental Window Benefit**

For any 2016 Hourly Voluntary Retirement Program Window Eligible Participant as defined in Amendments One and Two of the Restated Plan, an additional one-time benefit is payable from the plan (defined as the 2016 Hourly Supplemental Window Benefit). This benefit is defined as a hypothetical cash amount, equal to \$35,000 for eligible participants represented by IAM and \$25,000 for all other eligible participants.

The 2016 Hourly Supplemental Window Benefit is payable as either a lump sum or a single life annuity for single participants, and married participants could also elect either the Joint and Survivor with 50% continued and with pop-up (QJSA), or a Joint and Survivor with 75% continued and with pop-up (QOSA). The life annuity is calculated as the actuarial equivalent of the lump sum under IRS 417(e) assumptions. The joint and survivor optional forms of payment were calculated using the same factors as are reflected for the accrued benefit under the plan.

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  - **2017 Supplemental Window Benefit**

For any 2017 Voluntary Retirement Program Window Eligible Participant as defined in Amendment Three of the Restated Plan, an additional one-time benefit is payable from the plan (defined as the 2017 Supplemental Window Benefit). This benefit is defined as a hypothetical cash amount, equal to \$25,000 for eligible participants represented by IBEW and 100% of the participant's Base Compensation up to \$70,000 for all other eligible participants. In addition, all participants (except IBEW) were eligible to receive an additional \$10,000 if they terminated on or before January 3, 2017.

The 2017 Supplemental Window Benefit is payable as either a lump sum or a single life annuity for single participants, and married participants could also elect either the Joint and Survivor with 50% continued and with pop-up (QJSA), or a Joint and Survivor with 75% continued and with pop-up (QOSA). The life annuity is calculated as the actuarial equivalent of the lump sum under IRS 417(e) assumptions. The joint and survivor optional forms of payment were calculated using the same factors as are reflected for the accrued benefit under the plan.
-

## Schedule SB, Part V — Summary of Plan Provisions

| Normal retirement                   | PVP benefits                                                                                                                                                                                                                                                                                                                                                                                                                                  | BCERP benefits                                                                                                                                                                                  | UAW benefits                                                                                                                                                |
|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| • Eligibility                       | Age 65                                                                                                                                                                                                                                                                                                                                                                                                                                        | Age 65                                                                                                                                                                                          | Age 65                                                                                                                                                      |
| • Benefit                           | A participant's accrued benefit at age 65.                                                                                                                                                                                                                                                                                                                                                                                                    | A participant's accrued benefit at age 65.                                                                                                                                                      | A participant's accrued benefit at age 65.                                                                                                                  |
| <b>Early retirement</b>             |                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                 |                                                                                                                                                             |
| • Eligibility                       | Earlier of age 55 and 10 years of vesting service or age 62.                                                                                                                                                                                                                                                                                                                                                                                  | Earlier of age 55 and 10 years of vesting service or age 62.                                                                                                                                    | Age 55 and 10 years of vesting service.                                                                                                                     |
| • Benefit reductions                | Cash Balance Benefit - cash balance divided by 132.<br>Heritage Boeing Benefit - 2% per year before age 60.<br>Heritage BNA Benefit - unreduced if age plus service is at least 85, otherwise reduced 7.2% per year before age 60.<br>Heritage MDC Benefit - unreduced at age 50 with 30 years of vesting service, otherwise reduced 2.5% per year before age 62 or 2.5% per point before 85.<br>Minimum Benefit - 4% per year before age 65. | Standard Benefit - 2% per year before age 60.<br>Core Benefit - 2% per year before age 60.<br>Excess Benefit - 5% per year before age 60.<br>Old Alternate Benefit - 3% per year before age 60. | Unreduced at 62, age 55 with 30 years of eligibility service, or age 60 with 20 years of eligibility service. Otherwise, reduced 6% per year before age 62. |
| <b>Early retirement supplement</b>  |                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                 |                                                                                                                                                             |
| • Eligibility                       | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                           | N/A                                                                                                                                                                                             | Earlier of age 55 and 30 years eligibility service, age 60 and 20 years eligibility service, or age 55 and age plus eligibility service equals 85 points.   |
| • Benefit                           | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                           | N/A                                                                                                                                                                                             | The LISA benefit is a temporary benefit payable until age 62 equal to \$650 times benefit service divided by 20 (not greater than 1).                       |
| Vested termination early retirement | PVP benefits                                                                                                                                                                                                                                                                                                                                                                                                                                  | BCERP benefits                                                                                                                                                                                  | UAW benefitd                                                                                                                                                |
| • Eligibility                       | Age 55 and 3 years vesting service.                                                                                                                                                                                                                                                                                                                                                                                                           | Earlier of age 55 and 10 years of vesting service or age 62.                                                                                                                                    | Age 55 and 10 years of vesting service.                                                                                                                     |

## Schedule SB, Part V — Summary of Plan Provisions

|                              |                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                          |
|------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| • Benefit reductions         | Cash Balance –cash balance divided by a factor of 132 plus 0.4 per month before age 65.<br>Heritage Benefits - 6% per year before age 65.<br>Minimum Benefit - 6% per year before age 65.                                                                                                                                                                                | All benefits are reduced 6% per year before age 65.                                                                                                                                                                                                                                                                                                                      | Table of factors to reduce benefits based on an actuarial equivalence.                                                                                                                                                                                                                                                                                                   |
| <b>Disability</b>            |                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                          |
| • Eligibility                | N/A                                                                                                                                                                                                                                                                                                                                                                      | Age 50 and 10 years vesting service                                                                                                                                                                                                                                                                                                                                      | 10 years vesting service                                                                                                                                                                                                                                                                                                                                                 |
| • Benefit                    | N/A                                                                                                                                                                                                                                                                                                                                                                      | Unreduced accrued benefit paid from disability until age 65.                                                                                                                                                                                                                                                                                                             | Unreduced accrued benefit paid from disability until age 65.                                                                                                                                                                                                                                                                                                             |
| <b>Pre-retirement death</b>  |                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                          |
| • Eligibility                | Vested                                                                                                                                                                                                                                                                                                                                                                   | Vested                                                                                                                                                                                                                                                                                                                                                                   | Vested                                                                                                                                                                                                                                                                                                                                                                   |
| • Benefit                    | At age 55 with 5 years of vesting service, the benefit continued to the spouse is the accrued early retirement benefit reduced only for the joint and survivor with 100% continued form of payment.<br>Otherwise, the benefit continued to the spouse is 50% of an accrued vested termination benefit reduced for joint and survivor with 50% continued form of payment. | At age 55 with 5 years of vesting service, the benefit continued to the spouse is the accrued early retirement benefit reduced only for the joint and survivor with 100% continued form of payment.<br>Otherwise, the benefit continued to the spouse is 50% of an accrued vested termination benefit reduced for joint and survivor with 50% continued form of payment. | At age 55 with 10 years of vesting service, the benefit continued to the spouse is the accrued early retirement benefit reduced only for the joint and survivor with 55% continued form of payment.<br>Otherwise, the benefit continued to the spouse is 55% of an accrued vested termination benefit reduced for joint and survivor with 55% continued form of payment. |
| <b>Post-retirement death</b> |                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                          |
| • Eligibility                | N/A                                                                                                                                                                                                                                                                                                                                                                      | Vested                                                                                                                                                                                                                                                                                                                                                                   | Vested                                                                                                                                                                                                                                                                                                                                                                   |
| • Benefit                    | N/A                                                                                                                                                                                                                                                                                                                                                                      | \$2,000                                                                                                                                                                                                                                                                                                                                                                  | \$1,000                                                                                                                                                                                                                                                                                                                                                                  |

## Schedule SB, Part V — Summary of Plan Provisions

| Form of benefits                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | PVP benefits                                                                                                                                                                                | BCERP benefits                                                                                                                                                                              | UAW benefits                                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| • Normal form                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Married - reduced Joint and Survivor with 50% continued and with pop-up.<br>Single - Single Life Annuity.                                                                                   | Married - reduced Joint and Survivor with 50% continued and with pop-up.<br>Single - Single Life Annuity.                                                                                   | Married - reduced Joint and Survivor with 55% continued and with pop-up.<br>Single - Single Life Annuity. |
| • Optional forms                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Single Life Annuity<br>Joint & 75% Survivor, with pop-up<br>Joint & 100% Survivor, with pop-up<br>Life with 10 Year Certain Accelerated Income<br>Option can be applied to any above option | Single Life Annuity<br>Joint & 75% Survivor, with pop-up<br>Joint & 100% Survivor, with pop-up<br>Life with 10 Year Certain Accelerated Income<br>Option can be applied to any above option | Single Life Annuity<br>Joint and Survivor with 75% continued and with pop-up<br>Level Benefit Option      |
| <b>The following optional form adjustments apply to the PVP and BCERP Benefits: Joint &amp; 50%, 75% and 100%, Survivor Options with pop-up.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                             |                                                                                                                                                                                             |                                                                                                           |
| Spouses age                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 50% Option                                                                                                                                                                                  | 75% Option                                                                                                                                                                                  | 100% Option                                                                                               |
| <i>Within 10 years</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 95% of single life annuity for retirements from active status, 91% for other retirements                                                                                                    | 90% of single life annuity for retirements from active status, 87% for other retirements                                                                                                    | 85% of single life annuity for retirements from active status, 83% for other retirements                  |
| <i>10 + years younger</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Reduced by an additional 1% for age difference above 10                                                                                                                                     | Reduced by an additional 1% for age difference above 10                                                                                                                                     | Reduced by an additional 1% for age difference above 10                                                   |
| <i>10 + years older</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Increased by 1% for age difference above 10 to a maximum of 99%                                                                                                                             | Increased by 1% for age difference above 10 to a maximum of 99%                                                                                                                             | Increased by 1% for age difference above 10 to a maximum of 99%                                           |
| <u>Life Annuity with 10-year Certain Option:</u> The reduction is based on age when benefit payments begin (i.e., 98% of single life option at age 55; 97% at age 60; 95% at age 65; and 90% at age 70).                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                             |                                                                                                                                                                                             |                                                                                                           |
| <u>Accelerated Income Options:</u> All forms of payment are available under accelerated income options. The Life Annuity accelerated income form of payment is calculated as the actuarial equivalent (under IRC 417(e)) of the Single Life Annuity. The remaining optional forms under the accelerated income options reflect the same optional form factors as the non-accelerated for other retirements forms of payments, however the accelerated income options must be at least actuarially equivalent to the non-accelerated income forms of payment under IRS 417(e) assumptions. |                                                                                                                                                                                             |                                                                                                                                                                                             |                                                                                                           |

*Schedule SB, Part V — Summary of Plan Provisions*

| The following optional form adjustments apply to the UAW Benefits: Joint & 55% and 75% with Survivor Options with pop-up                                                                                                                                                                                                                                            |                                                                                                                                                                                                                        |                                                                                                       |                                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| Spouses age                                                                                                                                                                                                                                                                                                                                                         | 55% Option                                                                                                                                                                                                             |                                                                                                       | 75% Option                                                                                            |
| Within 5 years                                                                                                                                                                                                                                                                                                                                                      | 95% of single life annuity                                                                                                                                                                                             |                                                                                                       | 90% of single life annuity                                                                            |
| 5 + years younger                                                                                                                                                                                                                                                                                                                                                   | Reduced by an additional 0.5% for age difference that is above 5                                                                                                                                                       |                                                                                                       | Reduced by an additional 0.5% for age difference that is above 5                                      |
| 5 + years older                                                                                                                                                                                                                                                                                                                                                     | Increased by 0.5% for age difference that is above 5 to a maximum of 100%                                                                                                                                              |                                                                                                       | Increased by 0.5% for age difference that is above 5 to a maximum of 100%                             |
| Accelerated Income Options: All forms of payment are available under accelerated income options. Benefit reduction factors shown in the plan document are used to calculate accelerated income options, however the accelerated income options must be at least actuarially equivalent to the non-accelerated income forms of payment under IRC 417(e) assumptions. |                                                                                                                                                                                                                        |                                                                                                       |                                                                                                       |
| Lump sum payment                                                                                                                                                                                                                                                                                                                                                    | If total value is less than \$5,000. Lump Sum values are calculated using the IRC 417(e) assumptions.                                                                                                                  | If total value is less than \$5,000. Lump Sum values are calculated using the IRC 417(e) assumptions. | If total value is less than \$5,000. Lump Sum values are calculated using the IRC 417(e) assumptions. |
| Miscellaneous                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                        |                                                                                                       |                                                                                                       |
| • Maximum compensation                                                                                                                                                                                                                                                                                                                                              | Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins. This limit is indexed annually. |                                                                                                       |                                                                                                       |
| • Maximum benefits                                                                                                                                                                                                                                                                                                                                                  | Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2017, the limit is \$215,000.                                                                                        |                                                                                                       |                                                                                                       |

**Benefits Included or Excluded**

Unless noted below, all benefits provided by the plan, as restated and amended through January 1, 2017, are included in this valuation.

- **Plan amendments excluded:** None.
- **Late retirement increases:**
  - *Active participants:* The plan provides suspension of benefits notices to active participants who work past age 65. Late retirement actuarial increases are reflected in the valuation for participants who do not receive suspension notices in a timely manner.
  - *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase.
- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) have been incorporated into our calculations.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.

*Schedule SB, Part V — Summary of Plan Provisions***Plan Provisions Specific to Funding**  
***Additional Benefits Included or Excluded***

- **IRC Section 436 benefit restrictions:**
  - *Unpredictable contingent event benefits:* This valuation excludes restricted contingent event benefits that occurred before the valuation date but includes contingent event benefits which are expected to occur on or after the valuation date regardless of anticipated funding-based limitations.
  - *Plan amendments:* See above.
  - *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
  - *Benefit accruals:* The plan's funding target does not reflect any limitation on benefit. The target normal cost does not reflect any limitation on benefit accruals.
- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.

**Plan Provision Changes Since Prior Valuation**

- Maximum benefit amounts under IRS rules were updated from 2016 to 2017.
- The PVP offered a Voluntary Retirement Program in December, 2015 to certain PVP participants. Eligible participants were allowed to take their regular PVP benefit as a lump sum. In addition all eligible participants were offered a supplemental lump sum. The supplemental lump sum was \$25,000 for all eligible participants.
- The PVP offered a Voluntary Retirement Program in March, 2016 to certain PVP participants. All eligible participants were offered a supplemental lump sum. The supplemental lump sum was \$35,000 for eligible participants represented by IAM and \$25,000 for all other eligible participants.
- The PVP was amended during 2016 to allow for a one-time optional lump sum form of payment for vested terminated participants.
- The PVP offered a Voluntary Retirement Program in December, 2016 to certain PVP participants. Eligible participants were allowed to take their regular PVP benefit as a lump sum. In addition all eligible participants were offered a supplemental lump sum. The supplemental lump sum for IBEW participants was \$25,000. All other participants received 100% of their annual base pay up to \$70,000. In addition, all participants (except IBEW) were eligible to receive an additional \$10,000 if they terminated on or before January 3, 2017.

**SPIRIT AEROSYSTEMS HOLDINGS, INC.  
PENSION VALUE PLAN**

EIN: 20-2436320

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2017

| Description of Investment                        | Value        |
|--------------------------------------------------|--------------|
| * EB Temporary Investment Fund                   | \$ 3,296,392 |
| * EB Daily Valued Small Cap Fund                 | 35,105,357   |
| * EB Daily Valued International Stock Index Fund | 49,560,086   |
| * EB Daily Valued Large Cap Value Fund           | 35,479,654   |
| * EB Daily Valued Large Cap Growth Fund          | 35,858,934   |
| * EB Daily Valued Stock Index Fund               | 240,305,375  |
| * Collective Trust High Yield Fund               | 70,841,520   |
| * EB High Quality Long Corporate Bond Fund       | 139,954,599  |
| * EB Daily Valued Long Bond Index Fund           | 209,259,210  |
| * EB Long Term Credit Bond Index Fund            | 563,110,745  |
| * EB U.S. Real Estate Securities Fund            | 27,495,498   |
| * Party-in-interest                              |              |

*Schedule SB, line 24 — Change in Actuarial Assumptions*

**Actuarial Assumption Changes Since Prior Valuation**

- The discount rate has been updated in accordance with PPA.
- The mortality assumption has been updated in accordance with PPA.
- Expense assumption was updated from \$2,649,292 for 2016 to \$2,799,235 for 2017.
- The expected investment return was updated from 6.00% in 2016 to 5.50% in 2017.
- Withdrawal decrements for Non Hourly actives were updated to better reflect anticipated future experience.
- Retirement decrements were updated to better reflect anticipated future experience.
- The age difference for spouses of male participants was reduced from -3 years to -2 years.
- The form of payment assumption for active participants was updated as follows:
  - i. Single Life: Male: from 20% to 25% and Female: from 40% to 55%;
  - ii. J&S Pop-Up: Male: from 80% to 75% and Female: from 60% to 45%.
- The form of payment assumption for current terminated vested participants was updated as follows:
  - i. Single Life: Male: from 100% to 40% and Female: from 100% to 65%;
  - ii. J&S Pop-Up: Male: from 0% to 60% and Female: from 0% to 35%.